

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

FORM

DUE DATE FEBRUARY 12, 1998

WH-5194

1997 ECONOMIC CENSUS TOBACCO AND TOBACCO PRODUCTS

OMB No. 0607-0825: Approval Expires 08/31/99

WH-5194

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS 1201 East 10th Street Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

(Please correct any errors in name, address, and ZIP Code.
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YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

	retained in respondents' files are immu	ne from	legal process.						
Item 1. EMPLOYER IDENTIFICATION NUMBER					W TO Dollar figures should be rounded	Bil-	Mil-	Thou-	Dol-
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return,					to thousands of dollars. Example: If a figure	lions (000)	lions (000)	sands (lars (000)
					is \$1,125,628.79 • Preferred	(000)	1	126	(555)
	asury Form 941?	ai iax Ko	eturn,	FIG	GURES report Acceptable		1	125	629
	094 1 ☐ Yes 2 ☐ No - Report cur	rent FIN	helow	Ite	em 4. DOLLAR VOLUME OF	Bil.	Mil.	Thou.	Dol.
	1 Tes 2 No - Neport cur	110	BUSINESS	010	 	1			
(9 digits)					Sales and operating receipts	! 	İ		
Item 2. PHYSICAL LOCATION					for 1997 (Include the gross selling value of business conducted for		l	I I	
a. Is this establishment's physical location the same as					others)			l I	
the address shown in the label? (P.O. box and rural route addresses are not physical locations)					Did this establishment earn	121 1 Yes – Go to line c			
					commissions for the sale of	2		Skip to	
	093 1 ☐ Yes 2 ☐ No - Report phy		merchandise?		line Mil.	_			
					c. Gross selling value of business			Thou.	Dol.
	Number and street	0.	conducted on a commission	122		[
	City, town, village, etc. State ZIP Code				basis (Include in item 4a)	123			
	City, town, village, etc.	State	ZIP Code	d.	Commissions received (On	123	l	1	
					transactions reported in item 4c)				_
b.	ls this establishment physically loca boundaries of the city, town, village	ted insid	de the legal		NOTE - If this is the only establishme	nt of th	s tirm s	skip to it	tem 5
				e.	Percent of products sold by this			Percent	
	095 1 ☐ Yes 3 ☐ No legal bound 2 ☐ No 4 ☐ Do not know	aries			establishment manufactured or mined in the United States by		124		
	2 INO 4 IDO NOT KNOW				your company or subsidiaries				%
C.	In what type of municipality is this	establish	ment	f.	Value of transfers to other		Mil.	Thou.	Dol.
	physically located?				establishments within your company (DO NOT include in		125	i	
	096 1 City, village, or borough				item 4a)			l I	
	2 Town or township			lte	em 5. PAYROLL	Mil.	Thou.	Dol.	
	3 Other – Specify			Payroll in 1997, BEFORE DEDUCTIONS a. Annual b. First quarter (January–March)				1	
	4 Do not know								
d.	In what county (e.g., Dade County) is t	his esta	blishment					i i	
	physically located?			_	•		Numbor		
					em 6. EMPLOYMENT Number of paid employees for pay	Number 032			
14	- ODEDATIONAL CTATUS	N	lumber of months	1	period including March 12, 1997	032			
	m 3. OPERATIONAL STATUS	00			(Include both full- and part-time employees)				
a. How many months during 1997 was this establishment actively operated?					List the above employees by the	Number			
b.	Which of the following best describe	1 "·	employee's primary function:	131					
status at the end of 1997? Mark (X) only ONE box.					(1) Selling				
	001 1 In operation		Figures only		(2) Sales support (including office and	b	132		
2 Temporarily or seasonally inactive 3 Ceased operation – Give date at right 4 Sold or leased to another operator –					clerical, warehousing, customer service, maintenance employees,	and			
					drivers)				
					(3) Supporting functions of other establishments in your company		133		
	Give date at right AND enter etc below	name,			(i.e., central administrative,				
Name of new owner or operator Number and street					accounting, research, etc.)		134		
					(A) Manufacturing	134			
					(4) Manufacturing (5) Other – Specify		135		
Number and street					John - Specify				
	City	State	ZIP Code						
	,		NOTE - The sum of lines 1 through 5 show	ld same					

Item 7. OPERATING EX	KPENSES		Mil.	Thou.	Dol.	Item 11. KIND OF BUSINESS AND SELLING CHARACTE	RISTICS
Operating expenses for payroll, but exclude cost			040	 		a. Kind of business	
and interest expense)	90003 301	<u> </u>		<u> </u>		What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only	
Item 8. INVENTORIES						ONE box.	
a. Did you have invent	ories at the	e end of 1	996 or	1997?		070)
180 1 Yes - <i>Con</i>	nplete the re	mainder o	f the item			(1) Tobacco and tobacco products	<u> </u>
2 ☐ No – Skip i	to item 9					(2) Confections	□ 514500
b. Were inventories of	this establi	ishment s	ubiect	to		(2) Confectionery	514500
the last-in, first-out						(3) Other kind of business – Specify	777777
¹⁸⁵ 1 ☐ Yes – <i>Use</i>	46			46	UEO		
	erve for lines			ius trie i	LIFU		
2 🗌 No – Comp	olete only lin	ne c					
	End of	f 1997	End of 1996			b. Selling characteristics	
	Mil. The	ou. Dol.		Thou.	Dol.	(1) In what format did this establishment	
	046	1	047	I I	!	PRIMARILY sell in 1997? Mark (X) only ONE box.	
c. Total inventories	l į			į		From physical displays of priced merchandise	
(1) Amount not	181		186	i		From a counter (little or no display)	
subject to LIFO costing				1		From a warehouse or office	
	182		187	 		Other – <i>Describe</i>	4 🗌
(2) Amount subject to LIFO costing	i			I I			
(gross)	183		188				
(a) Amount of the				l			
LIFO reserve				 			
(b) LIFO value of	184		189	I I		(2) How did this establishment PRIMARILY attract new customers in 1997? Mark (X)	
the line c(2) (net)	į			i		only ONE box.	9
NOTE The ex-	ım of lines o	(1) and a(2)) should	dogual	lina a	Location and store attractiveness	1 🗌
	ım of lines c			•		Advertising to the general public, including	
line c(2	2)					direct mail advertising	2 📙
Item 9. TOTAL PURCH		HASES A			Advertising to the trade or calls directly to customers	3 🔲	
Purchases of merchandi		Bil. 160	Mil.	Thou.	Dol.	Other – <i>Describe</i>	4 🗌
(Net of returns, allowances and cash discounts; but inc	, and trade		!				
amounts allowed for trade-			1	1			
NOTE - If purchases are explanation in th	greater than	sales, plea	ase prov	vide an			
explanation in th	- TEWATIKS	Section					ercent
Item 10. SALES BY CL Report the percentage		STOMER	Wh	nole per of sales		drop-shipped and do not enter this establishment?	
establishment's total s (item 4a) to each class	ales in 199		141				
(item 4a) to each class	or customi	51.					9/
a. Export sales						Item 12. TYPE OF OPERATION What was this establishment's PRINCIPAL	
			142			type of operation in 1997? Mark (X) only	
b. Restaurants, hotels, for	od services,	and				060)
c. Retailers and repair sh	ons for ross	le or	143			a. Own-brand importer and marketer	14
repair	.503 101 1688	01				b. Merchant wholesaler (buying and selling on	
d. Other wholesale estab	r resale	144			own account)		
u. Other wholesale estab	i resale	145			(1) Importer	☐ 12 ☐ 13	
e. Industrial users for pro					(3) Merchant wholesale distributor or jobber	☐ 13 ☐ 11	
(manufacturing and m		146					
f. Business users for cor	nsumntion n	ot for	146			c. Manufacturers' sales branches and offices	□ 20
resale	.501				d. Agent, broker, and commission merchant		
g. Farmers (for farm use		147			(1) Auction company	41	
g. runnors (for failif use			148			(2) Broker (representing buyers and sellers)	☐ 42 ☐ 43
h. Household consumers	and individ	ual				(4) Import agent	44
users			149			(5) Export agent	45
i. Builders and contracto	ors					(6) Manufacturers' agent	L 46
			150			e. Other broker or agent – Specify type	77
j. Governmental bodies and local)	(Federal, Sta	ite,					
and local/							
k. TOTAL (Sum of lines				100%			
should total 1				100%			
ORM WH-5194						CONTINUE	ON PAGE

Census File Number If not shown, please enter your 11-digit Census File Number from the address label on page 1 Item 13. COMMODITY LINES - Continued Item 13. COMMODITY LINES Report sales by commodity group either as a dollar figure or as a whole percent of total sales (Include the value of merchandise marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases) ESTIMATES are acceptable. Report dollars OR percents. Cen Commodity lines SUS Bil. ∣Thou. ∣ Dol. If figure is **38.76%** of нош то Bil. Mil. | Thou. | Dol. 5120 21. Leaf tobacco cent REPORT Report whole percents 39 **22.** Miscellaneous commodities – *Specify* **PERCENTS** Not acceptable → 38.76 ESTIMATES are acceptable. Report dollars OR percents. Cen Commodity lines sus use Bil. Mil. | Thou. | Dol. Percent a. 9811 077 100 101 102 1. Tobacco and tobacco products 9812 b. 078 a. Cigars 5911 **b.** Cigarettes 5912 9813 c. Other tobacco 23. Rental and operating lease receipts (excluding leaf) 5913 9940 **d. Total** (Sum of lines 1a through 1c) 24. Service receipts and 5900 labor charges (including installed parts) 9700 2. Confectionery 4400 25. TOTAL (Should equal item 4a if reporting in 3. Drugs, pharmaceuticals, cosmetics, and toiletries 3500 100% dollars) 9990 4830 4. Canned foods Item 14. LEGAL FORM OF ORGANIZATION 5. Soft drinks and bottled Which of the following best describes this establishment's legal form of organization during 1997? $Mark\ (X)\ only\ ONE\ box.$ 4850 **6.** Food and beverage basic materials (include flavoring extracts, fruit 003 1 Individual owner (sole proprietorship) 2 Partnership peel, hop extract, industrial molasses, sausage casings, malt, yeast, etc.) 3 Cooperative association (taxable) 4 Cooperative association (tax-exempt) 4840 5 Government - Specify 7. Coffee, tea, and spices 4800 0 Corporation (Do not mark if any form of cooperative association) 8. Meat and meat products (fresh and unpackaged) 4600 **9.** Poultry and poultry products 9 Other - Specify 4300 **10.** Dairy products (excluding dried or canned) Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero? 4200 11. Frozen foods (packaged) 4100 1 Yes – Complete this item 2 No - Skip to item 16 Refined sugar, flour, pickles, preserves, sauces, cooking oils, cereals, pet foods, and other grocery specialties b. Is this company owned or controlled by Enter name, address, and EIN of the owning or controlling company 4860 another company? 13. Beer and ale 5600 14. Wines and distilled alcoholic beverages 5700 097 1 ☐ Yes —→ 2 🗌 No **15.** Notions (buttons, ribbons, lace, sewing accessories, zippers, bindings, etc.) 3700 EIN (9 digits) c. Does this company own or control any other company or companies?

Enter name, address, and EIN of the owned or controlled company 16. Industrial and personal service paper and plastics 3400 17. Stationery, office supplies and greeting cards 098 1 ☐ Yes → **18.** Restaurant and hotel equipment and supplies 0960 2 🗌 No 19. Photographic equipment and supplies (excluding 0800 video) EIN (9 digits) **20.** Wigs, yarns, and leather 6150 ITEM 15 CONTINUED ON PAGE 4

products

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Page 3

	em 15. OWNERSHIP, CONTI							Number				
d	. How many establishments label (or as corrected in it	s operated under the Emp tem 1) AT THE END of 19	oloyer Identifica 97?	ation Numbe	r shown in the		079					
	If more than one, provide the	e physical location addres	s and other infor	rmation indica	ated below for							
	each establishment. The hea room is needed, continue in	dquarters location should be the same format in REMAR	e first, followed b KS or on a separ	by all other logate sheet of p	cations. If more paper.							
	Estimates are acceptable		•	,	•							
	Mana					1007	NA:I	Th	D-I			
	Name					1997	Mil. 081	Thou.	Dol.			
	Number and street											
			Annual	082								
	City		State	ZIP	Code	payroll	i	<u> </u>				
	Mad of business described			ees for pa								
1	ind-of-business description							period including March 12				
	Type of operation (choose fro						088					
	Type of operation (choose ito	iii iteiii 12)				Cen- sus						
						use	089					
	Name					1997	Mil.	Thou.	Dol.			
	Ivaine					1007	081	Tilou.	DOI.			
	Number and street					Sales	į	ì				
						Annual	082					
	City		State	ZIP	Code	payroll						
2	Kind-of-business description					Paid period	employ Lincludi	ees for pa ng March	ay i 12			
_	Time of business assemblish					083						
	Type of operation (choose fro	 om item 12)				Ç.,	088					
						Cen- sus	089					
						use	000					
	Name					1997	Mil.	Thou.	Dol.			
							081	ì				
	Number and street					Sales	082					
	City		State	7IP	Code	Annual payroll	082					
	City		State	211	Code	· /	emplov	ees for pa	av			
3	Kind-of-business description		1			period	l includi	ng March	12			
						083						
							088					
	Type of operation (choose fro	om item 12)				Cen-						
						sus use	089					
R	EMARKS - Please use this sp	sace for any explanations th	at may be essent	tial in underst	anding your reported data.							
		ace for any explanations the										
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le.	em 16 CERTIFICATION T		purate and has b	aan pranarad	in accordance with instruct	ione						
⊢	em 16. CERTIFICATION – The said accounted to the same of the same	nis report is substantially acc					Print or	tuno				
P	em 16. CERTIFICATION – Trefiod covered y this report FROM: Mo.	nis report is substantially acc			in accordance with instruct		Print or	type				
P b	eriod covered y this report FROM: Mo.	nis report is substantially acc		ame of person			Print or	type				
P b	eriod covered y this report FROM: Mo.	nis report is substantially acc	Year Na	ame of person				type				